



**U.S. Immigration
and Customs
Enforcement**

**ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement**

Sick Call Process

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Effective Date: 25 Mar 2015

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Foreword

This IHSC Sick Call Guide supplements the following IHSC Directives:

IHSC Directive # 03 -02 *Sick Call*

This Guide explains concepts, assigns responsibilities, and details procedures for performing Sick Call within the IHSC staffed facilities.

The intended audience is IHSC Field Health staff.

I. Sick Call (Non-emergency Health Care Requests and Services)

- A. Each IHSC facility has a defined process that provides detainees/residents with an unrestricted (can come any day at the designated time) daily opportunity to request health care services using a face-to-face sick call process. Sick Call should occur during the morning hours to maximize the availability of health care providers. The Health Services Administrator (HSA) or Assistant Health Services Administrator (AHSA) designates the most appropriate time for sick call, in collaboration with local ICE and custody leadership, to ensure that the time selected does not conflict with other facility activities.
- B. Healthcare providers routinely conduct sick call in the medical clinic. If this is not possible, sick call will be conducted in a location that affords adequate sight and sound privacy, adequate access to hand washing stations, and adequate equipment available (i.e. equipment to take vital signs, a weight scale, otoscope, etc.). Ideally, this area should be a designated area specifically for use by healthcare providers.
- C. Sick call is not meant to take the place of urgent/emergent access to care. All medical emergencies are immediately addressed consistent with IHSC 03-02 and ICE Standards.

II. Sick Call Process

- A. Daily, at the designated time, the custody staff announces "sick call." All detainees/residents requesting to be seen for sick call are escorted by custody staff to the designated sick call location.

Suggested approach: Using a multi-disciplinary TEAM: Sick Call is led by the Nurse Coordinator and composed of: Registered Nurse(s) (Sun.-Sat), 1-Mid-level Provider (MLP) (Sun-Sat), 1-Dental Tech (Mon.-Fri), 1-Behavioral Health provider (BHP) (Mon.-Fri), and 1-Medical Records Technician (Mon.-Fri.). The number of Registered Nurses (RN) utilized during sick call is dependent upon the facility bed count and/or the volume or needs of the facility.

As an example:

<500 beds – 1-2 RNs

501-1000 beds – 3-4 RNs

1001 > - 4-5 RNs

B. STEP-BY-STEP PROCESS:

- 1. Detainees/residents are escorted to the clinic or designated sick call location during the scheduled times.

2. From Monday through Friday (except holidays) the “Team” approach discussed above may be followed.
 - a. The RN assesses the detainee/resident sick call complaint. The RN determines which team member should see the detainee to address the complaint. Nurses are required to strictly adhere to the IHSC Clinical Nursing Guidelines.
 - b. The team member that addresses the complaint provides any intervention/treatment needed and completes the appropriate sick call encounter in the health record.
 - c. If the sick call complaint is for a medication refill request, the RN documents this via a sick call encounter. Additionally, the RN notifies the pharmacy staff of the medication(s) requested for refill by the detainee/resident via an eCW telephone encounter and assigns the Telephone-encounter to the pharmacist or designee.
 - d. During weekends and holidays, an RN evaluates the detainee’s/resident’s sick call complaint(s).
 - e. If the complaint is within the RN’s scope of practice, the RN provides the indicated intervention and treatment in accordance with the IHSC Clinical Nursing Guidelines and documents the sick call encounter. If the complaint is not within the RN’s scope of practice, the RN documents the sick call encounter and refers the detainee/resident to the MLP or to another healthcare professional to be seen at a minimum the next business day or as appropriate.
 - f. If the sick call complaint is for pharmacy services, mental health services, dental services, or for medical records request and it does not require immediate intervention, the RN completes a SC (Sick Call) encounter and refers the detainee’s/resident’s complaint to the appropriate individual.
3. Optional Processes. If any facility is unable to complete the sick call process using this step by step approach, the HSA/AHSA, or designee can propose an alternate process. However, the use of paper sick call requests (kites), or “triage only” will not be authorized, except in special populations (ie. segregation, female housing or other special housing).
4. NOTE: If a paper sick call request is utilized, a permanent record of the sick call request will be scanned into the health record. The detainee sick call request must contain the name, alien number, date of request, chief complaint, and date of service. Documentation of health care provided in response to the detainee request will be recorded in the health record as a sick call encounter.

5. All local sick call processes that deviate from the above stated step-by-step approach require the HSA/AHSA or designee, to submit a written plan to the respective Regional HSA (RHSA) for review and approval prior to implementation. Upon approval, the RHSA will submit the written plan request to the Medical Quality Management Unit Chief, or designee, for review and concurrence.
6. Sick call is completed daily. At the discretion of the HSA/AHSA, it may be necessary to elicit assistance from other healthcare team members to assist with obtaining vital signs, data entry, or any other support that is within their scope of practice.
7. Sick call for those residents 17 years and under: Sick call services will not be delivered to a minor without the presence of the guardian. For parts of the exam, the guardian may be asked to leave and a chaperone used, if requested by the child. This will be documented to the detainee's medical record

III. SEGREGATION SICK CALL

Detainees/residents housed in segregation and other specialty housing units access the sick call process via face-to-face encounters with an RN during daily segregation rounds. Based on the clinical or administrative request, the RN may request that the detainee/resident be escorted to the clinic. For requests that do not involve medical concerns and are of an administrative nature, at the discretion of the HSA/AHSA or designee, the detainee/resident will be scheduled for an appointment on the next business day. Administrative requests can include medical records requests, special needs changes, etc.

IV. DOCUMENTATION

1. Logs: Upon arrival to the designated sick call area, the healthcare provider documents the following information on a sick call log for each detainee/resident: name, alien number (A#), date of birth (DOB), chief complaint, and date of encounter. These daily sick call logs are maintained in a binder, secured in Medical Records and accessible to medical staff, only. All facilities shall maintain sick call logs in accordance to the most recent record management schedule as established by DHS/ICE ERO and NARA.
2. Sick call encounters are initiated, completed, and documented by the same staff member that conducted the sick call, except if the encounter is generated by a Dental Assistant. The Dental Assistant must refer all detainees/residents to the dentist or dental hygienist.
3. If indicated, and depending on the care provided, the initial sick call visit may lead to an extended visit type: a mid-level provider (MLP) or physician may generate a physical exam, (PE-S or PE-C), acute (AC) or chronic (CH)

appointment or a BHP may deliver care triggered by the sick call visit. If this occurs, the initial sick call visit must be completed by the nurse that initiated the sick call. The healthcare provider must weigh and take vital signs during all sick call encounters. The weight and vital signs are documented in the eCW.

4. Pharmacy services are documented via telephone (TE) encounters. If the pharmacy technician generates the encounter, he/she must assign it to the pharmacist or appropriate licensed provider to be completed and locked.
5. Medical record requests are submitted to the Medical Record Technicians (MRT). If one does not already exist, the MRT will initiate a telephone encounter (TE) in eCW to document and track the medical records request. The TE will not be “addressed” or completed until the medical records are delivered.
6. Encounters will not be assigned to, or locked under “Provider, facility”

V. DETAINEE NOTIFICATION

Daily sick call times are established based on the above guidelines. The timeframes are communicated by healthcare providers to detainees/residents, and staff. The detainees/residents receive education on the sick call process, both in writing in the detainee handbook and verbally, during intake screening and the initial physical examination. Notification of sick call times are posted in the housing units in an area that is easily visible by all detainees. Notifications will be in English and the language of the most common non-English speaking population at the facility.

The written information given during the intake process includes:

How to access emergency and routine medical, dental, and mental health services

The grievance process for health-related complaints

Detainees/residents who have difficulty communicating, i.e. language, physiologic condition, etc.; IHSC medical staff shall ensure the detainee/resident is provided with instructions on how to access health services.

VI. TRAINING

The HSA ensures that all medical staff receives initial training on the face-to-face sick call process during orientation and healthcare staff are required to annually review policy and guides. In addition, nurses are required to review the IHSC Nursing Clinical Guidelines.

The HSA ensures that all applicable staff and detainees/residents are educated on the implemented process. Training of this policy shall be documented in the local medical personnel file.

VII. REFERENCES

- A. ICE Performance-Based National Detention Standards 2011, 4.3 *Medical Care (Q) Sick Call; Emergency Medical Services and First Aid*
- B. ICE Family Residential Standards, 4.3 *Medical Care*; 3. *Notifying Residents about Health Care Services*, and 12. *Sick Call*
- C. National Commission on Correctional Health Care (NCCHC). *Standards for Health Services in Jails. Standard J-E-07 Non-Emergency Health Care Requests and Services*. 2014
- D. American Correctional Association. *Access to Care*
- E. IHSC Clinical Nursing Guidelines